## **DECLARATION & POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

The specification of this subject matter:

My correct residence, post office address and citizenship are stated below next to my name.

I believe myself to be the original, first and sole inventor (if only one name is listed below) or an original and first joint inventor (if more than one name is listed below) of the subject matter which is disclosed and claimed and for which a patent is sought on the invention entitled:

## "Port-Bundle Host-Key Mechanism"

|                                                                       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | is attached here                                                                                                                          | to.                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                                |                                                                               |                                                                                                                      |
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|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | was filed on                                                                                                                              |                                                                                                                                                                                                                                                       | _;                                                                                                                        |                                                                                                                                |                                                                               |                                                                                                                      |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | was assigned se                                                                                                                           | erial No                                                                                                                                                                                                                                              | <b></b> ;                                                                                                                 |                                                                                                                                |                                                                               |                                                                                                                      |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | which was amer                                                                                                                            | nded on                                                                                                                                                                                                                                               | ;                                                                                                                         |                                                                                                                                |                                                                               |                                                                                                                      |
| applicati do not b my invention sale in th has not applicati represen | on, included in the control of the c | uding the claims, nat the claimed in ereof, or patented for more than or d States of Ametented or made to country foreign or assigns more | e reviewed and under<br>as amended by any<br>avention was ever know<br>dor described in any<br>ne year prior to this a<br>rica more than one year<br>the subject of an inver-<br>to the United States<br>than twelve months (<br>to this application. | amendment(sown or used in<br>printed public<br>oplication, that<br>ear prior to thi<br>intor's certification of America o | <ul> <li>referred to a n the United S ation in any co at the same wa s application, ate issued bef n an application</li> </ul> | above. I delates of Accountry because not in pand that one the decountried by | do not know and<br>America before<br>fore my<br>public use or on<br>the invention<br>ate of this<br>y me or my legal |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           | o disclose information<br>7 C.F.R. §1.56(a).                                                                                                                                                                                                          | n which is ma                                                                                                             | terial to the ex                                                                                                               | kaminatio                                                                     | n of this                                                                                                            |
| for pater                                                             | nt or inv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | entor's certificate                                                                                                                       | iority benefits under 3<br>listed below and hav<br>ving a filing date befo                                                                                                                                                                            | e also identifi                                                                                                           | ed below any                                                                                                                   | foreign a                                                                     | pplication for                                                                                                       |
| Prior Fo                                                              | reign Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oplication(s)                                                                                                                             |                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                                |                                                                               | Priority Claimed                                                                                                     |
| Number                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                                                   | Month/Day/Y                                                                                                                                                                                                                                           | ear Filed                                                                                                                 | Yes                                                                                                                            | No                                                                            |                                                                                                                      |
| Number                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                                                   | Month/Day/Y                                                                                                                                                                                                                                           | ear Filed                                                                                                                 | Yes                                                                                                                            | No                                                                            |                                                                                                                      |
| Number                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                                                   | Month/Day/Y                                                                                                                                                                                                                                           | ear Filed                                                                                                                 | Yes                                                                                                                            | No                                                                            |                                                                                                                      |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                                |                                                                               |                                                                                                                      |

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| I hereby claim the listed below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | benefit under 35 U.S.C. §1                                    | 19(e) of any United States provisiona                                                                                                                                                                               | I application(s)                  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filing Date                                                   | <del></del>                                                                                                                                                                                                         |                                   |  |  |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filing Date                                                   |                                                                                                                                                                                                                     |                                   |  |  |
| and, insofar as the subjec<br>United States application(<br>material information as de                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t matter of each of the claim<br>s) in the manner provided by | 20 of any United States application(s) is of this application is not disclosed in the control of this application is not disclosed in the control of the control of the control of the control of this application. | n these prior<br>duty to disclose |  |  |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filing Date                                                   | Status (Issued, Pending,                                                                                                                                                                                            | Abandoned)                        |  |  |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filing Date                                                   | Status (Issued, Pending,                                                                                                                                                                                            | Abandoned)                        |  |  |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filing Date                                                   | Status (Issued, Pending,                                                                                                                                                                                            | Abandoned)                        |  |  |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filing Date                                                   | Status (Issued, Pending,                                                                                                                                                                                            | Abandoned)                        |  |  |
| I hereby appoint David B. Ritchie, Registration No. 31,562; Marc S. Hanish, Registration No. 42,626; John P. Schaub, Registration No. 42,125; Gerhard W. Thielman, Registration No. 43,186; Adrienne Yeung, Registration No. 44,000; Steven J. Robbins, Registration No. 40,299 and William Samuel Niece, Registration No. P 47,824 as attorneys of record with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. |                                                               |                                                                                                                                                                                                                     |                                   |  |  |
| Please send all co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | orrespondence and direct all                                  | telephone calls to:                                                                                                                                                                                                 |                                   |  |  |
| David B. Ritchie<br>Thelen Reid & Priest, LLP<br>P.O. Box 640640<br>San Jose, CA 95164-0640<br>Telephone (408) 292-5800                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                     |                                   |  |  |
| I, the undersigned, declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing therefrom.              |                                                               |                                                                                                                                                                                                                     |                                   |  |  |
| FULL NAME OF FIRST Name INVENTOR 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | me MIDE                                                       | DLE Initial(s) LAST Na                                                                                                                                                                                              | me                                |  |  |

Lou

Docket No. CISCO-3794

| RESIDENCE AN<br>CITIZENSHIP | D       | City                        | State or Foreign Country       | Country of Cit                   | izenship         |
|-----------------------------|---------|-----------------------------|--------------------------------|----------------------------------|------------------|
|                             | San Jo  | 99                          | California                     | People's Repub                   | olic of China    |
| POST OFFICE<br>ADDRESS      |         | and Street                  | City                           | State or Country                 | Zip Code         |
|                             | 1170 H  | untingdon Drive             | San Jose                       | California                       | 95129            |
|                             |         |                             |                                |                                  |                  |
| FULL NAME OF INVENTOR 2     |         |                             | MIDDLE Initial(s)              | LAST Name                        |                  |
| BEOLDENOE AN                | Richard |                             | M. State or Foreign Country    | Pruss Country of Cit             | de e e e e e e e |
| RESIDENCE AN<br>CITIZENSHIP | U       | City                        | State or Foreign Country       | Country of Cit                   | lizensnip        |
|                             |         | Los Gatos                   | California                     | Germany<br>State or Country      |                  |
| POST OFFICE<br>ADDRESS      |         | and Street                  | City                           | State or Country                 | Zip Code         |
|                             | 21386 9 | Sunnyside Road              | Los Gatos                      | California                       | 95033            |
|                             |         |                             |                                |                                  |                  |
| FULL NAME OF INVENTOR 3     | FIRST   | Name                        | MIDDLE Initial(s)              | LAST Name                        |                  |
|                             | lan     |                             | M.<br>State or Foreign Country | Cotton                           |                  |
| RESIDENCE AN                | D       | City                        | State or Foreign Country       | Country of Cit                   | tizenship        |
| CITIZENSHIP                 |         | PCARTIE                     |                                |                                  |                  |
|                             |         | READING<br>Burghfield 9. 6. | Barkehira                      | United Kinad                     | om               |
| POST OFFICE                 | Number  | r and Street                | City                           | United Kingd<br>State or Country | Zip Code         |
| ADDRESS                     |         |                             |                                |                                  | p                |
|                             |         |                             | READING                        |                                  |                  |
|                             | 68 Blan | dford Road, Reading         | Burghfield 9.6. B              | erkshire, United Kingdom         | n RG2 8RW        |
|                             |         |                             |                                |                                  |                  |
| FULL NAME OF                | FIRST   | Name                        | MIDDLE Initial(s)              | LAST Name                        |                  |
| <b>INVENTOR 4</b>           |         |                             |                                |                                  |                  |
|                             |         |                             | C.<br>State or Foreign Country | Willis Country of Cit            |                  |
| RESIDENCE AN CITIZENSHIP    | D       | City                        | State or Foreign Country       | Country of Cit                   | tizenship        |
| OTTZENSHIP                  |         |                             |                                |                                  |                  |
|                             |         | Burghfield                  | Berkshire                      | United Kingd                     | om               |
| POST OFFICE                 | Number  | r and Street                | City                           | State or Country                 | Zip Code         |
| ADDRESS                     |         |                             |                                |                                  |                  |
|                             | Primros | e Croft, Reading Road       | Burghfield                     | Berkshire, United Kingdo         | m RG7 3BH        |
|                             |         |                             |                                |                                  |                  |
| FULL NAME OF INVENTOR 5     | FIRST   | Name                        | MIDDLE Initial(s)              | LAST Name                        |                  |
|                             | Adam    |                             | L                              | Taylor                           |                  |
| RESIDENCE AN<br>CITIZENSHIP | D       | City                        | State or Foreign Country       | Country of Cit                   | izenship         |
|                             |         | Acton                       | Massachusetts                  | United States o                  | f America        |
| POST OFFICE                 | Number  | r and Street                | City                           | State or Country                 | Zip Code         |
| ADDRESS                     |         |                             | •                              | ,                                | ,                |

| 64 Wood Lane                                                                                            | <u>Actor</u>                                           | <u>Massachus</u>                                                                                          | setts 01720                          |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------|
| I further declare that all s<br>made upon information and belief<br>knowledge that willful false statem | are believed to be true; a                             | f my own knowledge are true and<br>nd further that these statements<br>e are punishable by fine or impris | were made with the                   |
| Section 1001 of Title 18 of the Unit of the application or any patent iss Signature of Inventor 1       | ited States Code, and that suing thereon.   GHA O Date | t such willful false statements ma                                                                        | ay jeopardize the validity  A A Date |
| Signature of Inventor 3                                                                                 | Date                                                   | Signature of Inventor 4                                                                                   | Date                                 |
| Signature of Inventor 5                                                                                 | Date                                                   |                                                                                                           |                                      |

| 64 Wood Lan                                                           | e Acto                      | n Massachuse                                                                                                        | tts 01720               |
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| made upon information and beli                                        | ef are believed to be true; | of my own knowledge are true and the and the further that these statements we le are punishable by fine or imprisor | ere made with the       |
| Section 1001 of Title 18 of the L<br>of the application or any patent |                             | at such willful false statements may                                                                                | jeopardize the validity |
| Signature of Inventor 1                                               | Date                        | Signature of Inventor 2                                                                                             | Date                    |
| J. botton                                                             | 4/6/2001                    | Mullis                                                                                                              | 6# April 200            |
| Signature of Inventor 3                                               | Date                        | Signature of Inventor 4                                                                                             | Date                    |
| Signature of Inventor 5                                               | Date                        |                                                                                                                     |                         |

| 64 Wood Lane | Acton | Massachusetts | 01720 |
|--------------|-------|---------------|-------|
|              |       |               |       |

I further declare that all statements made herein of my own knowledge are true and that all statements made upon information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under

Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| NIA                     | $\mathcal{N}/\mathcal{A}$ |                         |      |  |
|-------------------------|---------------------------|-------------------------|------|--|
| Signature of Inventor 1 | Date                      | Signature of Inventor 2 | Date |  |
| NIA                     |                           | NA                      |      |  |
| Signature of Inventor 3 | Date                      | Signature of Inventor 4 | Date |  |
| Signature of Inventor 5 | 4/01<br>Date              |                         |      |  |